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I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 02292					
Please change the correspondence address for the above-identified application to:					
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I am the: Applicant/Inventor, X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					